

APPLICATION

Funding Category: _____

Program Code: _____

Sponsoring
Municipality: _____

County: _____

Implementing
Agency: _____

Total
Program Budget: \$ _____ (100%)

Program
Title: _____

DFY Funds
Requested: \$ _____ (_____ % of Total)

Agency
Address: _____

Street

City

State

Zip Code

Federal ID #: _____ - _____
Charities Reg. #: _____

Period of Actual
Program Operation - From: _____ To: _____

☐ Executive Director ☐ Board Chairperson

Signature _____

Telephone Number _____

Contact Person _____

Title _____

Telephone Number _____

Fiscal Officer _____

Title _____

Telephone Number _____

The Agency is: ☐ Private, Not-for-Profit ☐ Public ☐ Religious Corporation

PROGRAM SITES - Most Significant (3 maximum)

TYPE	ADDRESS (Street, City, State, Zip)	Assembly Dist. No.	NYS Senate Dist. No.	Local Planning Bd.	City Council District

PROGRAM SUMMARY: (Maximum of 350 characters - approximately 45 words)

PROGRAM PROFILE:

	Problem/Need	Target Population	Service Methods	Number of Youth to be Served	Unduplicated Count of Youth and Clients Served (All Activities)
Primary					
Secondary					

☐ Direct Services Will NOT Be Provided By This Program.

Sex of Program Participants - Male: _____ % Female: _____ %

Ethnicity - White: _____ % Black: _____ % Hispanic: _____ % Native American: _____ % Asian: _____ % Other: _____ %

Age - 0-4: _____ % 5-9: _____ % 10-15: _____ % 16-20: _____ %

NEW PROGRAMS: Complete the form beginning with the Implementing Agency. The space above that line is for Youth Bureau/Municipality/DFY use only. Note the following:

IMPLEMENTING AGENCY: Name of INCORPORATED agency responsible for the program. Limit 32 characters.

TOTAL PROGRAM BUDGET: Item 23 from the Total Program Budget, Form DFY-3107 (Rev. 6/94).

ADDRESS: Address to which correspondence should be sent.

PROGRAM PROFILE: See the Program Description Coding Instructions, Form DFY-3106 for completing this section.

RENEWAL PROGRAMS: Fill in Total Program Budget, DFY Funds Requested/%, Board Chairperson/Executive Director, Contact Person and Program Sites. Please review pre-printed information and make any corrections in red.

ALL PROGRAMS: Submit an original and three copies to the Division.

PROGRAM APPLICATION NARRATIVE

The outline below **MUST** be followed. For assistance, refer to the Program Proposal Manual.

1. STATEMENT OF NEED (2 pages maximum)

A. PROBLEM/NEED - Description and/or Analysis : Describe the specific need(s) and/or problem(s) in your community which the proposed program is intended to address. Use supporting evidence, e.g., statistical information and analysis, expert testimony, or anecdotal data which illustrates this need. Include the overall goal of the program as it addresses both holistic and specific needs.

B. TARGET POPULATION: Describe the characteristics of youth to be served by program. Include number to be served and ages, sex, ethnicity, etc. If appropriate, describe special targeted groups. All descriptions should be consistent with the data provided on the front of this form.

C. GEOGRAPHIC AREA/EXISTING SERVICES: Specify physical boundaries and geographic area, i.e., include the school district, planning board, hamlet, village, county, etc., in which the program will operate. Describe existing services, relevant demographic and socioeconomic data, and how this program will coordinate its efforts with these existing services.

2. PROGRAM OUTCOME/PROCESS OBJECTIVES (2 page maximum)

A. OUTCOMES: State what you hope to accomplish or change through this program. Results must be stated in measurable terms, e.g., 30 youth placed in jobs, increase reading levels by 1 grade per 6 months instruction, etc.

B. MONITORING METHODS: Describe the process to be used to monitor on a regular basis.

C. EVALUATION METHODS: Describe the process to be used to evaluate the attainment of the objectives listed above. Include what will be measured, who will conduct the evaluation, when it will be conducted, and how the results will be used.

3. SERVICE METHODS (4 page maximum, excluding charts) - Describe all the service categories to be used, and how they relate to the specific objectives cited above. List specific activities, including number of youth to be served, days and hours of operation per activity, length of time youth will participate, and the facilities to be used. Include outreach, recruitment, intake, referral, termination, and follow-up procedures, as applicable.

4. ORGANIZATION DESCRIPTION AND QUALIFICATIONS (3 page maximum, excluding charts)

A. EXPERIENCE AND RESOURCES: Explain how the applicant organization is qualified to deliver services described. List additional funding to be used to support this program, and indicate source. Describe the past experience of the organization with respect to this program, area to be served, and target population. Include current service linkages which will support this program.

B. PERSONNEL - 1. Paid Staff: List the duties and required qualifications of all staff to be involved with this program. Include an organization chart depicting reporting and supervisory lines. 2. Volunteers: Indicate how many will be used for this program; their responsibilities and qualifications; and how they will be recruited, selected, trained, and supervised. If volunteers are not used, so indicate.

C. BOARD OF DIRECTORS: (Not required for municipal programs) List the members of the Board. Include name, home or professional address, relevant professional or community affiliations, and name of employer. Describe the function of the Board with respect to this program.

ORGANIZATIONS RECEIVING FUNDS FROM THE NYS DIVISION FOR YOUTH AGREE TO THE FOLLOWING:

1. NYS Division for Youth will be identified as a funding source in all publications and press releases. 2. All laws, rules, and regulations of the State and its political subdivisions will be complied with. 3. No youth may be denied services because of race, creed, color, sex or national origin. 4. Equal employment opportunity must be provided to all qualified applicants. 5. No fee may be charged for programs supported by State Aid.

MUNICIPAL PROJECTS ONLY

Check if: Joint Program _____ Purchase of Service _____

1. Specify Project Code and name of other participating municipalities: _____

2. Is the attached Program Total Budget (Form DFY-3107) a combined budget for all participating municipalities? Yes _____ No _____

3. If a single disbursing agent is used, give name of disbursing municipality: _____

Check here if \$10,000 or under and DFY Funds Requested includes expenses for Consultants, Contract Services _____